

UTILITY PATENT APPLICATION TRANSMITTAL TRANSMITTAL TRANSMITTAL TRANSMITTAL TRANSMITTAL TRANSMITTAL TRANSMITTAL

Attorney Docket No.	00862.023404.
First Name	Inventor or Application Identifier
NOBUYUKI TONEGAWA	
Express Mail Label No	

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents. ADDRESS TO:	(5) 13			Express Ma	ail Label No.			
Submit an original, and a duplicate for fee processing) Continuous original origin					ADDRESS TO: Commissioner for Patents P.O. Box 1450			
See 37 CFR 1.27. 3. X Specification Total Pages 42 4. X Drawing(s) (35 USC 113) Total Sheets 18 5. X Oath or Declaration Total Pages 1 a. X Newly executed (original or copy) b. Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed) i. DELETION OF INVENTOR(s) Syndrodivisional with Box 17 completed) i. DELETION OF INVENTOR(s) Syndrodivisional with Box 17 completed) i. DELETION OF INVENTOR(s) Syndrodivisional with Box 17 completed) i. DELETION OF INVENTOR(s) Syndrodivisional with Box 17 completed) i. DELETION OF INVENTOR(s) Syndrodivisional with Box 17 completed) ii. DELETION OF INVENTOR(s) Syndrodivisional with Box 17 completed) ii. DELETION OF INVENTOR(s) Syndrodivisional with Box 17 completed) ii. DELETION OF INVENTOR(s) Syndrodivisional with Box 17 completed) iii. Dayser (cover sheet & document(s)) 7 CFR 3.73(b) Statement Papers (cover sheet & document(s)) 10. 37 CFR 3.73(b) Statement (when there is an assignment Depres (cover sheet & document(s)) 11. English Translation Document (if applicable) 12. Information Disclosure Statement (Dis)PTO-1449 Cottains Preliminary Amendment 14. X Return Receipt Postcard (MPEP 503) (Should be specifically iterrized) 15. Continuation Divisional Continuation-in-part (CIP) Other: 17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: Examiner 18. CORRESPONDENCE ADDRESS 05514 X Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) or Correspondence address below NAME Address City State Zip Code	1.			7.				
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CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 CFR 1.16(c))	11-20 =	0	X \$ 18.00 =	\$0
	INDEPENDENT CLAIMS (37 CFR 1.16(b))	4-3 =	1	X \$ 86.00 =	\$86.00
	MULTIPLE DEPENDENT	T CLAIMS (if applicable) (37	CFR 1.16(d))	\$290.00 =	\$0
				BASIC FEE (37 CFR 1.16(a))	\$770.00
			Total of	above Calculations =	\$856.00
	Reduction by	50% for filing by small er	tity (Note 37 CFR 1.9, 1	1.27, 1.28).	\$0
				TOTAL =	\$856.00
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED		
NAME	LEONARD P. DIANA (Reg. No. 29,296)	
SIGNATURE	Love P. Diame	
DATE	January 15, 2004	

Form #125

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